

Purpose: This form is used for an individual to lodge a complaint about our privacy practices or compliance.

To the individual lodging complaint:

You have the right to file a complaint with us about our privacy practices or our compliance with our Privacy Practices Notice, our Privacy Policies and Procedures, or federal or state privacy rules or law. We will investigate your complaint and provide you our written response. We will not require you to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect your enrollment in our health plan, your eligibility for benefits under our health plan, or our payment of your claims under our health plan.

If you have questions, need additional information or assistance in completing your complaint, please contact us at the above location. You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

SECTION A: Individual lodging complaint.

The Member's Information: Insert information about the individual making a complaint.

Member Name:	Member ID Number:
Member Address:	Member Date of Birth:
	Member Social Security No. (optional):
Member Phone Number:	Member e-Mail:

SECTION B: Individual's complaint.

ase describe your complaint in detail:	
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INDIVIDUAL'S SIGNATURE.

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature: _____

Date: _____

If this complaint is lodged by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name:

Relationship to Individual:

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.

BlueCross BlueShield of Tennessee Privacy Office 1 Cameron Hill Circle Chattanooga, TN 37402 (888) 455-3824